

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

AUG 23 2004

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

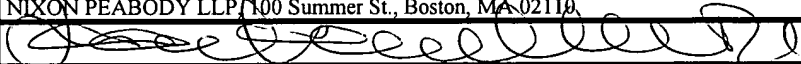
Application Number	10/073,402
Filing Date	02/11/2002
First Named Inventor	Steinbeck, M.
Art Unit	1641
Examiner Name	Cheu, Changhwa J.
Attorney Docket Number	003252-53321

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)


<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Mailing; Cert. of Lim. Recognition, Return Receipt Postcard.
Remarks The Commissioner is authorized to charge fee deficiencies or credit overpayments associated with this submission to the Nixon Peabody LLP Deposit Account No. 50-0850.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	David S. Resnick (Reg. No. 34,235)/Leena H. Karttunen (37 CFR 10.9(b)) NIXON PEABODY LLP, 100 Summer St., Boston, MA 02110
Signature	
Date	8/17/2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Washington, DC 20231 on this date:

Typed or printed name	Nicole M. Aguirre	
Signature		Date
		8/19/04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Practitioner's Docket No. 003252-53321 (formerly STE01_NP001)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Steinbeck, M.
Application No.: 10/073,402 Group No.: 1641
Filed: 02/11/2002 Examiner: Cheu, Changhwa J.
For: DIAGNOSTIC FOR INFLAMMATORY DISEASES ASSOCIATED WITH
CARTILAGE AND BONE SURFACES

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a) and 1.10)

I hereby certify that this correspondence:

1. Transmittal Form (1 pg.);
2. Response to Restriction Requirement (1 pg.);
3. Certificate of Limited Recognition; and
4. Return Receipt Postcard.

is on the date shown below being:

MAILING

X deposited with the United States Postal Service
with sufficient postage as first class mail in an
envelope addressed to the Commissioner for
Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FACSIMILE

transmitted by facsimile to the U.S. Patent
and Trademark Office.

Date: 8/19, 2004


Signature

Nicole M. Aguirre
(type or print name of person certifying)